700 INT	ERNAL TRANSFER	REQUEST FOR S.N.	10/894	<u> </u>
ATE:	23 Apr 2002	FROM: Bayer	2173	_ (print name)
		REASON(S):		
OOMARI) TO:	A. You had Parent	(check box)	
ORWARD	0177	B. See Title	(check boxt)	
. Art Unit:	2 - 4	C. See Abstract	(check box)	
3. Class: C Subclass		D. See Claim(s):		
	·	DED.		
URTHER	EXPLANATION IF NEE	control		
	10000	Courted		
ATE		FROM:		(print name)
DATE:		REASON(S):		
		A. You had Parent	(check box)	
FORWAR	•	B. See Title	(check box)	
A. Art Unit	·	C. See Abstract	(check box)	
3. Class:				_
C Subclas	s:	D. See Claim(s):		
DATE:		FROM:		(print name)
DATE.		REASON(S):		
CODWAD	D TO CLASSIFIER	A. You had Parent	(check box)	
FORWAR		B. See Title	(check box)	
		C. See Abstract	(check box)	•
		D. See Claim(s):		<u> </u>
FURTHE	R EXPLANATION IF NE	LULU.		
	•			
DISPOS	SITION BY 2700 CLA	SSIFICATION		
DATE:		CLASSIFIER:		
		REASON(S):		
FORWA	RD TO:	A. You had Parent	(check box)	
A. Art Un		B. See Title	(check box)	-
B. Class:		C. See Abstract	(check box)	
		D. See Claim(s):		
C Subcla	cc.	10.000 0.0(0)		

FURTHER EXPLANATION IF NEEDED: